

**PRE-COMMUNION INSTRUCTION**

**REGISTRATION FORM**

NAME OF CHILD \_\_\_\_\_

NAME OF PARENTS OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE AND CHURCH OF CHILD'S BAPTISM \_\_\_\_\_

SCS SESSION CHILD WILL ATTEND:

\_\_\_\_\_ Session 1: 9:30-10:15 a.m.

\_\_\_\_\_ Session 2: 10:45-11:30 a.m.

Child will be receiving Holy Communion for the first time. \_\_\_ Yes \_\_\_ No

*Please return to class by February 7 or mail to the church office.*

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